

# The Trauma-Informed MFT

---

MELISSA R. PARLIER, MA, LMFT

[MPARLIER@CROSSNORESCHOOL.ORG](mailto:MPARLIER@CROSSNORESCHOOL.ORG)

# My Journey into Trauma-Informed Care

---

## Stops along the way...

- Graduate School
- The Crossnore School
- The Sanctuary® Model
- Private Practice

# Learning Objectives

---

1. Recognize the relevance of the Adverse Childhood Experiences (ACE) study and explain how trauma-informed care benefits everyone.
2. Identify basic trauma-informed principles.
3. Provide psychoeducation on the neurobiology of trauma and the impact of trauma on functioning.
4. Apply trauma-informed principles to clinical assessment and treatment planning.
5. Describe at least three trauma-focused treatment interventions.

# What is Trauma-Informed Care?

---

# Basic Trauma-Informed Principles

---

## Trauma-informed care (SAMHSA)

- *Realizes* the widespread impact [and prevalence] of trauma and understands potential paths for recovery
- *Recognizes* the signs and symptoms of trauma
- *Responds* by integrating knowledge about trauma
- Seeks to actively resist *re-traumatization*
  
- *Emphasizes SAFETY*

# Everything you need to know about the Adverse Childhood Experiences (ACE) Study

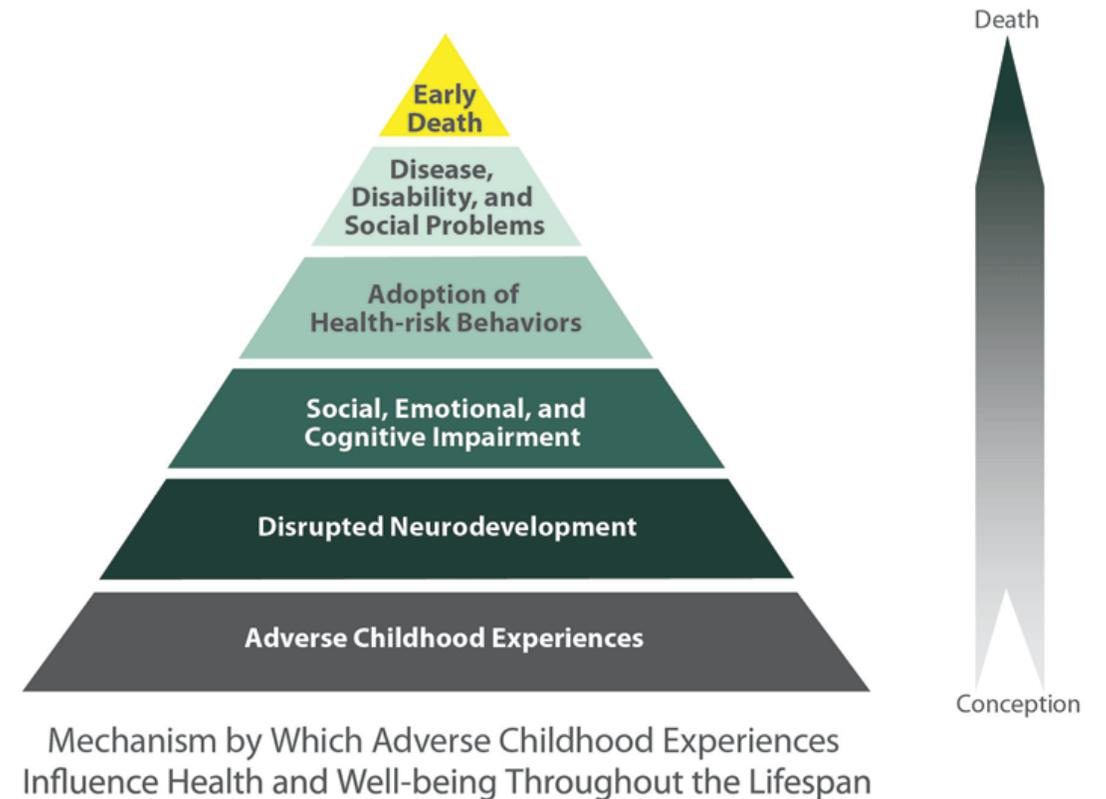
Study conducted by the CDC and Kaiser Permanente (original study 1995-1997)

Study participants 17,000+ Kaiser Permanente MCO members from Southern California

Completed confidential surveys regarding childhood experiences and current health status and behaviors

The ACE Study found that the higher the ACE Score (0-10) the greater the risk of experiencing poor physical and mental health and negative social consequences later in life.

Data continues to be analyzed.



# What's your ACE Score?

---

While you were growing up, during the first 18 years of life:

1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?
3. Did an adult person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way or attempt or actually have oral, anal, or vaginal intercourse with you?

# What's your ACE Score?

---

While you were growing up, during the first 18 years of life:

4. Did you often or very often feel that no one in your family loved you or thought you were important or special or that your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?

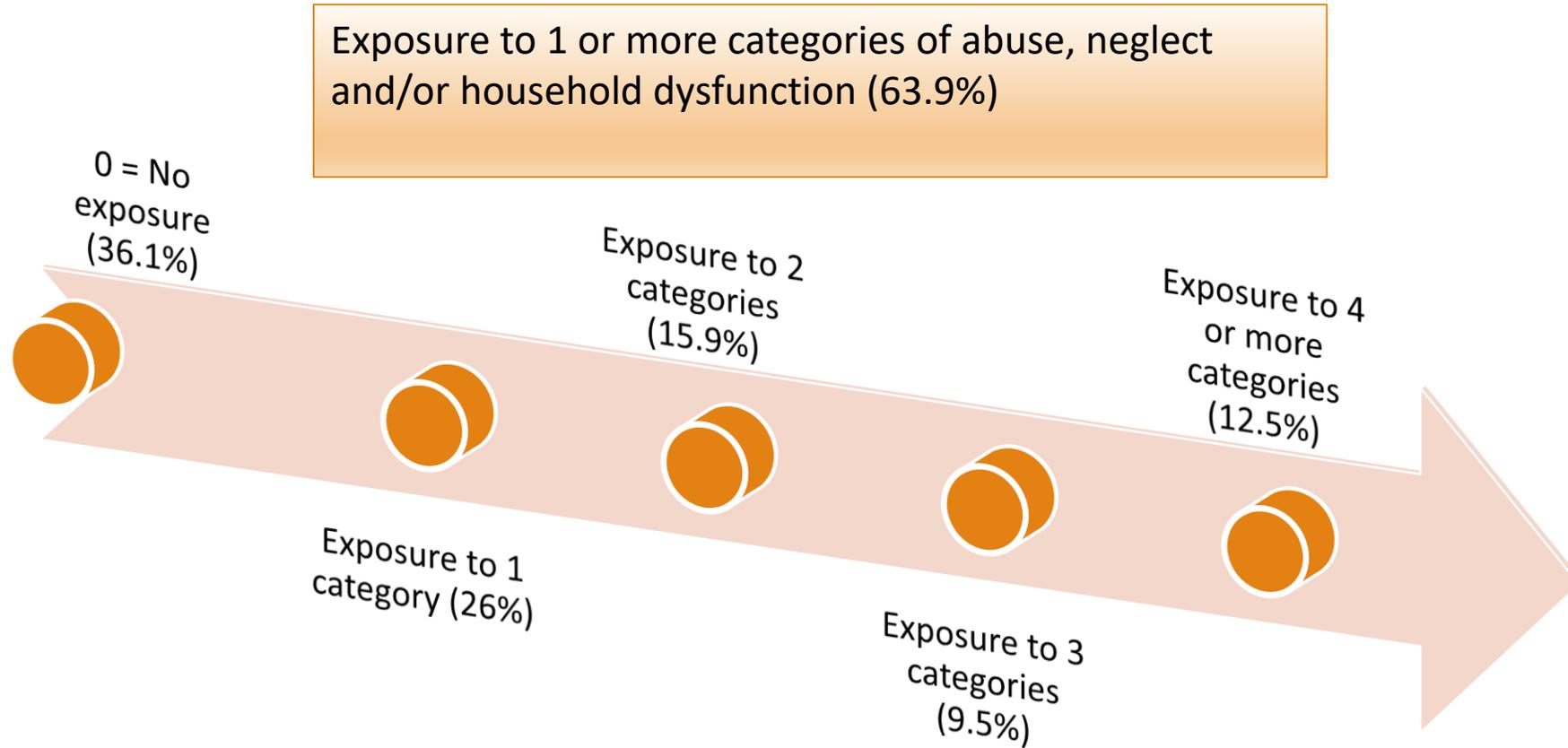
# What's your ACE Score?

---

While you were growing up, during the first 18 years of life:

7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

Add up your “Yes” answers to determine your ACE Score.  
How does your score compare?



# So what is trauma?

## ACE Study

### Abuse

- Emotional Abuse
- Physical Abuse
- Sexual Abuse

### Neglect(2)

- Emotional
- Physical

### Household Dysfunction/Challenges

- Mother Treated Violently
- Household substance abuse
- Mental Illness in Household
- Parental Separation or Divorce
- Criminal Household Member

# So what is trauma?

## DSM-5™

### Adults, adolescents, and children older than 6 years

A.A. Exposure to actual or threatened death, serious injury, or sexual violence in (or more) of the following ways:

- Directly experiencing the traumatic event(s).
- Witnessing, in person, the event(s) as it occurred to others.
- Learning that the traumatic event(s) occurred to a close family member or friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
- Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).
- **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

### Children 6 years and younger

A. Exposure to actual or threatened death, serious injury, or sexual violence in (or more) of the following ways:

- Directly experiencing the traumatic event(s).
- Witnessing, in person, the event(s) as it occurred to others, especially primary caregivers.
- **Note:** Witnessing does not include events that are witnessed only in electronic media, television, movies, or pictures.
- 3. Learning that the traumatic event(s) occurred to a parent or caregiving figure.

# What is trauma?

---

1. A deeply distressing or disturbing experience that affects a person's view of self, others, the world around them, and the future.
2. The emotional response and reactions to such an experience.
  - Intrusion symptoms
  - Avoidance
  - Negative changes in cognitions and mood
  - Changes in arousal and reactivity

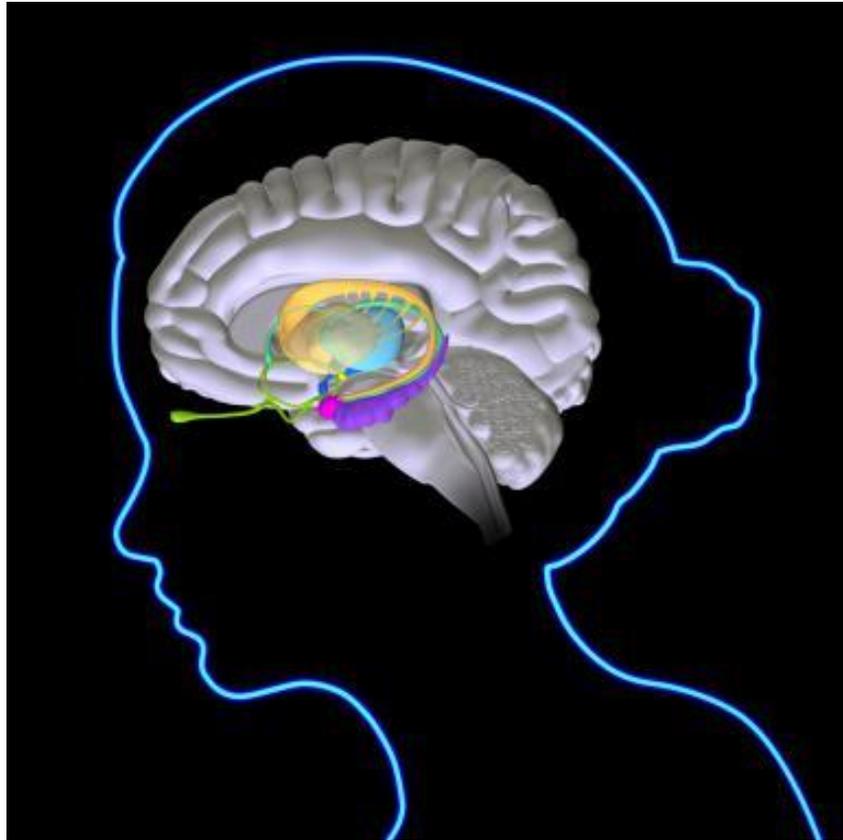
# Psychoeducation

---

WHAT OUR CLIENTS NEED TO KNOW ABOUT TRAUMA

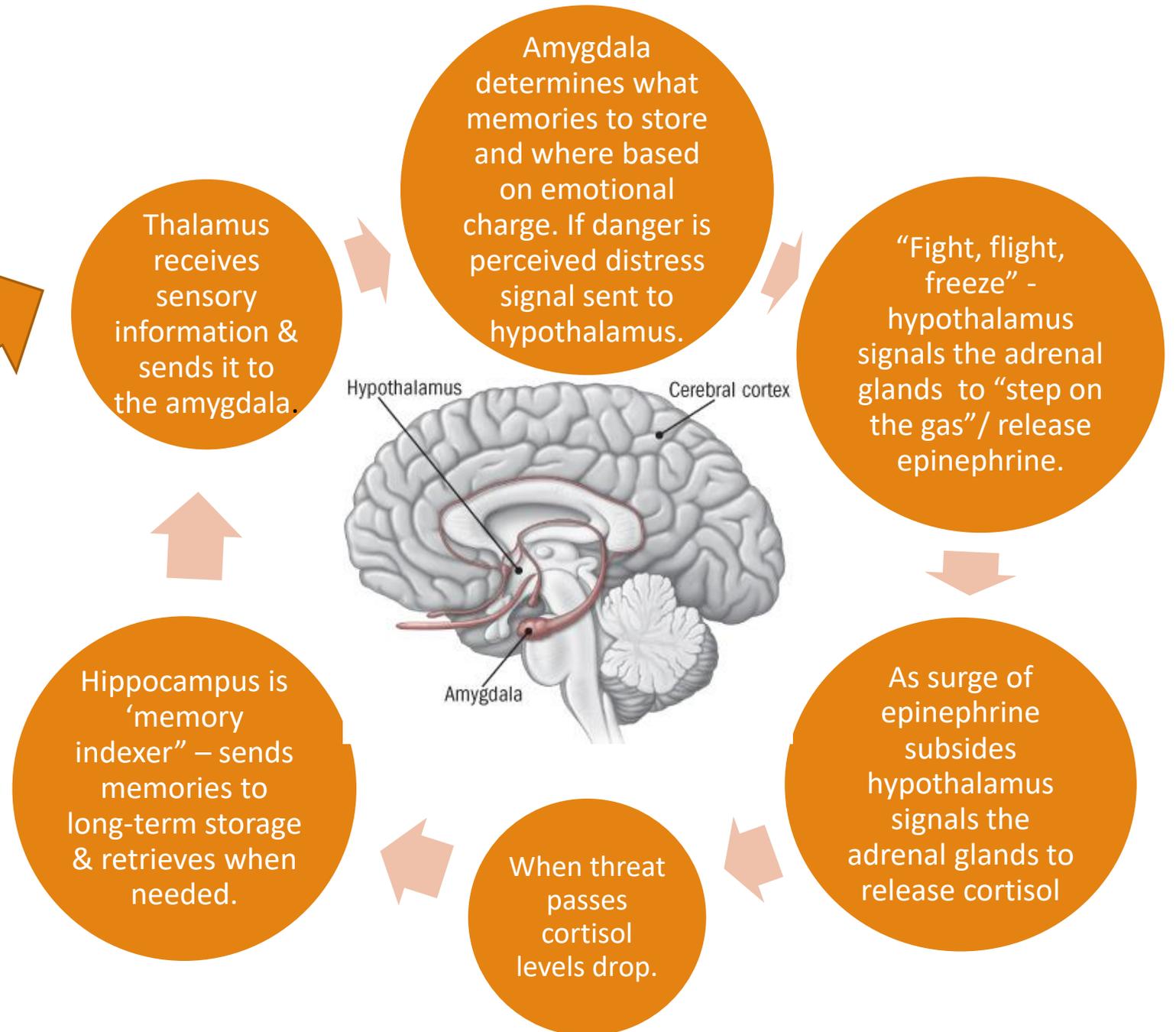
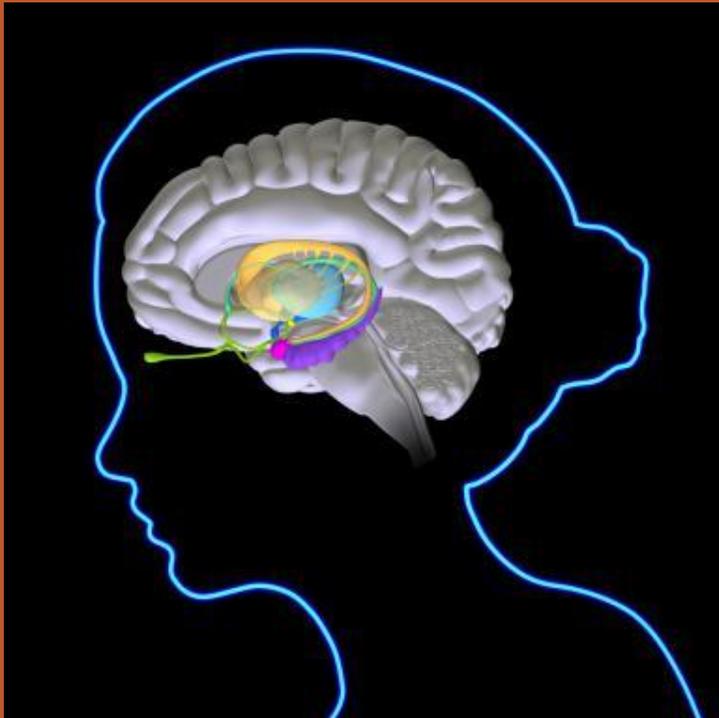
# The Neurobiology of Trauma and its Impact on Functioning.

---



# What Our Clients Need to Know About the Neurobiology of Trauma

It all starts with an experience



So how do I apply trauma-informed principles to assessment and treatment planning?

---

*What has happened to my client?*

Trauma Screening  
Current Symptoms?

Reenactment

# Relaxation techniques: Help clients “put on the brakes”?

---

Belly breathing

Exercise

Mindfulness

Grounding

Visualization and Imagery

Progressive Muscle Relaxation

Social (emotional support)

DBT Skills Training

# Trauma-Focused Treatment Interventions

---

- Sanctuary Model<sup>®</sup>
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – ages 3-18
  - Cognitive Processing Therapy – adults/military
    - EMDR